



**OFFICE OF STAN STANART**  
 COUNTY CLERK, HARRIS COUNTY, TEXAS  
 PROBATE COURTS DEPARTMENT

FOR CUSTOMER USE ONLY (Please print or type)	
Name of Cardholder: Rik Munson	Date: 8/20/2019
Address: 218 Landana St.	
City: American Canyon	State: CA Zip: 94503
Phone No.: 925 349 8348	Fax No.:
Email Address: blowintough@att.net	
PLEASE PROVIDE REQUESTED PAYMENT INFORMATION	
Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Exp. <i>There is a 4% surcharge on all services requested by mail, email, phone or fax.</i>	
Card No. 4403 - 9327 - 4992 - 8932 Expiration Date: 10 / 24	
Card Code 076	Cardholder's Signature:
<input type="checkbox"/> Frost Bank LegalEase Card No. 500679- - - - -	
Client No.: - - - - -	Account Signature: _____
PLEASE PROVIDE TYPE OF SERVICE REQUESTED	
<input checked="" type="checkbox"/> Certified Copy of document on file (certified copies cannot be faxed or emailed to customer)	
<input type="checkbox"/> Non-Certified Copy of document on file	
<input type="checkbox"/> Exemplification Certificate (certificates cannot be faxed or emailed to customer)	
Letters of: <input type="checkbox"/> Testamentary <input type="checkbox"/> Administration <input type="checkbox"/> Guardianship # of letters _____	
Copies delivered by: <input checked="" type="checkbox"/> Mail to address above <input type="checkbox"/> Fax to number above <input type="checkbox"/> Customer will pick up <input type="checkbox"/> Email to address above <i>* Some document(s) may exceed the outgoing email file size limitations</i>	
<input type="checkbox"/> Payment of filing fees – original documents only, <b>no fax filings will be accepted.</b>	
FOR COPY OR LETTER REQUESTS – PROVIDE CASE/DOCUMENT INFORMATION	
Copy of the Docket for 412,249, and the	
Dockets for ancillary actions 412,249-401, 412,249-402 and 412,249-403	
<b>For County Clerk Use Only:</b>	Amount: \$ _____
Receipt # _____	Approval Code: _____
Requested by: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail <input type="checkbox"/> email	Entered by: _____

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